

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION**

No. _____

Matter of _____, deceased.

CONSENT TO APPLICATION FOR INDEPENDENT ADMINISTRATION

The undersigned, being all of the heirs or devisees interested in the above estate, except any listed below who are under disability, hereby consent to independent administration of this estate in accordance with Sections 473.780 to 473.840 RSMo., 1978, as amended and, request the Court to issue Letters of Authority for Independent Administration in this estate.

We further request that the Personal Representative be allowed to serve *without bond / *with a bond of \$_____.

Disabled Heirs or Devisees (minority or incapacity)	Address	Relationship to Decedent

Signature of Heir or Devisee who are not Disabled or a minor	Address	Relationship to Decedent	Date

*strike if inapplicable

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.